| P L M | Collaborator if any | | | | Artist CAF | CAROLYN C. MARKS FIRST NAME LAST NAME LAST NAME Tel. FA 1-5885 | | | | |
|---|---------------------|---------|---|-----------|------------|---|---|---------------|-----------|-----------|
| PLAIN OR TY | Address 3 3 | 397 DEL | LWOOD RO., | CLEVELAND | HTS. 44118 | CUYAHOGA COUNTY | | Tel. FA | 1-588 | 75 |
| | | | return shipment is requ heck or Money Order) w | | | | | | JUROR* | SMARI |
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Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1965

It is also understood that accepted entries will remain on exhibition until June 13, 1965

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

Submit one entry blank, in duplicate, per person; use second blank if more space is needed. One copy, complete with juror's marks, will be returned to you as notification of acceptance or rejection. THIS COPY IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.

This form in duplicate is made up of NCR paper which does not require carbon.

PAIC MAR 8 1965

RETURN DATES FOR OBJECTS - Monday through Saturday 9 a.m. - 4:45 p.m. at Museum Service Entrance

REJECTED: May 8-22 ACCEPTED: June 18-July 3